Item 18 Film G155 7-6-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06390

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Leonardstown
LENGTH OF STAY (In this place) 19 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Callaway
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Bean

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 15 1890

9. AGE Last birthday: 63 yrs. — IF UNDER 1 YEAR: Months 4 Days 12 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Corn farm

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John S. Bean

14. MOTHER'S MAIDEN NAME: Anne Elizabeth Fenhagen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Leo Bean Valley Lee Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Interstitial Nephritis	5 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerosis	3 "
	DUE TO (c) Chronic Myocarditis	3 "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	5 "

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 6-26-, 1953, that I last saw the deceased alive on 6-26-, 1953, and that death occurred at 8.21 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. J. Bean, M.D. — ADDRESS Great Mills Md. — DATE SIGNED 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 29-53 — NAME OF CEMETERY OR CREMATORY Holy Face — LOCATION (City, town, or county) (State) Great Mills Maryland

DATE REC'D BY LOCAL REGISTRAR 6-26-53 — REGISTRAR'S SIGNATURE P. J. Bean M.D. Local Registrar

24. FUNERAL DIRECTOR — ADDRESS Jos C. Mattingley Leonardstown Md

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06391

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes; MARYLAND; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Inigoes; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Qunnie (Middle) V. (Last) Carter

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: ? 1887 ?

9. AGE last birthday: 65 ? yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housrwife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. Jenifer

14. MOTHER'S MAIDEN NAME: Elizabeth Jenifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---

16. SOCIAL SECURITY No. ----

17. INFORMANT AND ADDRESS: Annie Hartwell - 247 West Queen Lane

18. MEDICAL CERTIFICATION — Germantown, Penn.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Rt. Breast. — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4 1952 to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 12 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. H. Paluch M D. Lexington Park Md. 6-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/6/53

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): St. Inigoes, Md.

DATE REC'D BY LOCAL REG.: June 5/53

REGISTRAR'S SIGNATURE: P.B. Robinson MD

24. FUNERAL DIRECTOR ADDRESS: P.B. Robinson- Leonardtown, Md.

RECEIVED
JUN 10 1953
BUREAU V. R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct entry is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

6392

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. George Island; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Paul; (Middle) -----; (Last) Davis

4. DATE OF DEATH: (Month) 6 - (Day) 2 - (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 6/24/1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watermah

10b. KIND OF BUSINESS OR INDUSTRY: Sea Food

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Paul T. Davis - Ridge, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar pneumonia — Interval between onset and death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "Pneumonia" from May 20 to May 25/53

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2 1953, to June 2 1953, that I last saw the deceased alive on June 2 1953, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE P J Dean (Degree or title) MD; ADDRESS Great Mills, Md; DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 6/5/53; NAME OF CEMETERY OR CREMATORY: St. Francis Xavier Cem.; LOCATION (City, town, or county) (State): St. Georges Island, Md.

DATE REC'D BY LOCAL REG.: June 5/53; REGISTRAR'S SIGNATURE: P J Dean MD

24. FUNERAL DIRECTOR: P.B. Robinson - Leonardtown, Md. ADDRESS

RECEIVED
JUN 10 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06393

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ST. MARYS — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park, Md.
LENGTH OF STAY (in this place): 18 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: INFIRMARY, USNAS Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park
STREET ADDRESS (If rural give location): 511 Midway Drive.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) FENTON

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-17-53

9. AGE last birthday: - - yrs. IF UNDER 1 YEAR: Months -, Days -; IF UNDER 24 HRS.: Hours 1, Min. 5

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NOT APPLICABLE.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: LT. EDWARD FENTON USN.

14. MOTHER'S MAIDEN NAME: Ruby Mae PEACOCK.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE.

17. INFORMANT & ADDRESS: WOHC H.J.MITCHELL USN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 1 hr - 5 m.

7767
Immediate cause (a) Prematurity.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-17, 1953, to 6-17-, 1953, that I last saw the deceased alive on 6-17, 1953, and that death occurred at 6:20 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): H. J. SULLIVAN LCDR MC

ADDRESS: INFIRMARY, USNAS PAX RIVER MD

DATE SIGNED: 6-17-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-17-53

NAME OF CEMETERY OR CREMATORY: Ebenezar Cemetery.

LOCATION (City, town, or county) (State): Great Mills, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/17/53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: Lt. Edward Benton, USN (Father) 511 Midway Drive, Lexington Park, Md.

VS. A15

20633553270

RECEIVED
JUN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6394

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Holly Wood
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Wood
STREET ADDRESS (If rural give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) Arthur (Last) Gatton

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 20-1866

9. AGE last birthday: 87 yrs.
IF UNDER 1 YEAR: Months 4 Days 6
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Capt of sale Vessel owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gatton

14. MOTHER'S MAIDEN NAME: Mary Newton

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs Florence Jones Holly Wood Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 3 months

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peripheral arterial occlusion (Left Leg) 2 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to June 26, 1953, that I last saw the deceased alive on June 25 1953, and that death occurred at 8.40 P.M. from the causes and on the date stated above.

SIGNATURE P G Beam M.D. (Degree or title)
ADDRESS Great Mills Md
DATE SIGNED June 27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 29-53
NAME OF CEMETERY OR CREMATORY Nazarene
LOCATION (City, town, or county) Holly Wood (State) Md
ADDRESS

DATE REC'D BY LOCAL REGISTRAR 6-29-1953
REGISTRAR'S SIGNATURE P G Beam M.D. Local Registrar

24. FUNERAL DIRECTOR Jno C. Mattingley
Leonardtown Md

VS. A15

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 395

CERTIFICATE OF DEATH

Reg. Dist. No. 28 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chaptico
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Emily (Last) Hill

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: Feb 20 1875 — 9. AGE Last birthday: 78 yrs. — IF UNDER 1 YEAR: Months 4 Days 9 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Wife — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland St Marys — 12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: William Lacey — 14. MOTHER'S MAIDEN NAME: Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: Monroe Hill Chaptico Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Metastasis — Interval Between Onset And Death: 3 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CA of the breast. — 5 year

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 15 year

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to June 28, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at 11:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm D Boyd MD — ADDRESS Leonardtown — DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 1-1953 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) Bush Wood — (State) Md

DATE RECD BY LOCAL REGISTRAR 6/29/53 — REGISTRAR'S SIGNATURE Lancaster

24. FUNERAL DIRECTOR Jos C Mattingley — ADDRESS Leonardtown Md

RECEIVED
JUL 2 1953
BUREAU V. S.

Items 21 &22 Film G154 6/16/53 ams

196

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	(First) Chester	(Middle) Marion	(Last) Lindsley	4. DATE OF DEATH	(Month) 6 - (Day) 4 - (Year) 1953
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married	8. DATE OF BIRTH 5/18/1901	9. AGE last birthday 52 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY US Navy	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Fred M. Lindsley	14. MOTHER'S MAIDEN NAME ? Steele				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY No. ----	17. INFORMANT AND ADDRESS Robert W. Lindsley - Piney Point, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Drowning Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably coronary Giant affectations due to over exertion or Heart Fibrillation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was not in water deep enough to have drowned had he been conscious

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pomac River - Home — (CITY OR TOWN) Piney Point, Md. — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Was laboring to make fast his boat during a storm

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. Greenwell Giorg Examiner Deputy 6-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/7/53	NAME OF CEMETERY OR CREMATORY Poplar Hill Cemetery	LOCATION (City, town, or county) (State) Valley Lee, Maryland.
DATE REC'D BY LOCAL REG. 6/6/53	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the [redacted]s of death clearly and legibly.

VS. A15A

RECEIVED
JUN 9 1953
BUREAU

Item 3: film G155 7-23-53 L

97

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25 v

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH — COUNTY: St. Mary's County, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown; STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) Joseph James (Middle) Allen (Last) Norris

4. DATE OF DEATH: (Month) June (Day) 20th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov., 1902

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto Repairs

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew J. Norris

14. MOTHER'S MAIDEN NAME: Francis A. Gatton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Cecilia Stone (sister), California, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial pneumonia — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: TBC — 10 year

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1953, to 6/20, 1953 that I last saw the deceased alive on 6/20, 1953 and that death occurred at 10:20 p. m., from the causes and on the date stated above.

SIGNATURE: W. D. Boyd (Degree or title) MD ADDRESS: Leonardtown Md DATE SIGNED: 6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 23 June, 1953

NAME OF CEMETERY OR CREMATORY: Holy Face Cemetery

LOCATION (City, town, or county) (State): Great Mills, Maryland

DATE REC'D BY LOCAL REG. 6 23 53

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: P. B. Robinson, Leonardtown, Maryland.

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 T

1. PLACE OF DEATH
COUNTY St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Leonardtown | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	(n)	Somerville	June	7,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	10 May, 1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James (n) Adams
14. MOTHER'S MAIDEN NAME: Lottie (n) Gough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: William H. Somerville, Compton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Fibrillation of Heart	3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Hemiplegia	10 months
	(c) Arteriosclerosis and Myocarditis Chronic	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOP... Yes ☐ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to June 7, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 4:55 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) J F Greenwell M.D. ADDRESS Leonardtown Md. DATE SIGNED June 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 June, 1953	St. Francis Xavier Cemetery	Newtown Neck, Compton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/53	Canalier	P.P Robinson	Leonardtown, Md.

RECEIVED
JUN 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 399

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Holly Wood
LENGTH OF STAY (in this place) 32 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Holly Wood
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) Arnest (Middle) J. (Last) Stewart

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: colord
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farm by the day
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stewart
14. MOTHER'S MAIDEN NAME: Jannie Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Henery Stewart Compton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 581.0 (a) Hematemesis — Interval Between Onset And Death: 2 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) cirrhosis of liver — 3 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from core, 19 to Dec, 19 , that I last saw the deceased alive on 5/31, 1953, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John [illegible] ADDRESS Leigh Park Pis DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 3-1953
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) (State) Holly Wood St Marys Md
DATE REC'D BY LOCAL REGISTRAR 6/3/53
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Joe C. Mattingley ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S.

06400

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St. Mary's County, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent Beach
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Edward (Last) VANCE
4. DATE OF DEATH: (Month) June (Day) 13th, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 17 May, 1880
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heating Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Heat Systems
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward A. Vance
14. MOTHER'S MAIDEN NAME: Agnes G. Golden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Mrs. Florence Johnson Vance, Patuxent Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
451X Immediate cause	(a) Ruptured Aortic Aneurism	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio Sclerosis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 5/12, 1953, to 5/13, 1953, that I last saw the deceased alive on 5/13/53, 19__, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE: Julian Lane (Degree or title) M.D. ADDRESS: Leighton Park Md DATE SIGNED: 6/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 17 June, 1953
NAME OF CEMETERY OR CREMATORY: TRINITY Cemetery
LOCATION (City, town, or county) (State): St. Mary's City, Maryland.
DATE REC'D BY LOCAL REG.: 6/16/53
REGISTRAR'S SIGNATURE: Cancelier
24. FUNERAL DIRECTOR: P.B.Robinson ADDRESS: Leonardtown, Maryland.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN [illegible] 1953
BUREAU V. S.

Items 2,7,10,13,14 FilmG154 6/15/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06401

CERTIFICATE OF DEATH

Reg. Dist. No. 281

X 48

1. PLACE OF DEATH:
COUNTY ST MARYS MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAS PATUXENT RIVER
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS INFIRMARY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4504 S. Dakota Ave., N.E.

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) GOTTLIEB (Last) WOLF
4. DATE OF DEATH: (Month) JUNE (Day) 2 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: CAUC
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 25 MAY 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freeman - U.S. Govt. Prtg. Office
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Frederick Wolf
14. MOTHER'S MAIDEN NAME: Mary Katherine Schmiech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: LT EDWARD FREDERICK WOLF (SON) EVERGREEN PARK, PARK HALL, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) THROMBOSIS, CORONARY
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from~~ Deceased was dead, 19__, ~~that I last saw the deceased alive on~~ arrival at NAS Infirmary, 19__, and that death occurred at 1425 PM, from the causes and on the date stated above.

SIGNATURE P. J. Bean MD (Degree or title) ADDRESS Great Mills Md DATE SIGNED June 2, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6-2-1953
NAME OF CEMETERY OR CREMATORY Washington DC
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR 6-2-53
REGISTRAR'S SIGNATURE P. J. Bean, M.D.
24. FUNERAL DIRECTOR D.H. Hines ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
JUN 10 1953
BUREAU V. I. S.